

ACEQUIA FINAL INSPECTION AND CERTIFICATE OF COMPLETION

ACEQUIA PROJECT:	DRAWING NO. AND FILE NO.:	DATE OF INSPECTION:
ACEQUIA REPRESENTATIVE:	ACEQUIA CONTACT NUMBER.:	
NRCS FIELD OFFICE:	NRCS CONTACT PERSON AND NUMBER.:	

THIS IS TO CERTIFY THAT *(Name and address of Contractor)*:

HAD ALL WORK UNDER THE ABOVE CONTRACT FOR THE CONSTRUCTION OF (*Project description and location*):

READY FOR FINAL INSPECTION *(date)* _____; THAT THE WORK WAS COMPLETED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CONTRACT WITH THE FOLLOWING EXCEPTIONS:

(a) TECHNICAL:

(b) OTHER:

COMMENTS:

AND IT IS RECOMMENDED UPON COMPLETION OF THE EXCEPTIONS LISTED UNDER (a) ABOVE THAT THE WORK UNDER THIS CONTRACT BE ACCEPTED BY THE NRCS REPRESENTATIVE.

NRCS REPRESENTATIVE <i>(Name and Title)</i>	DATE
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THE ABOVE EXCEPTION(S) WERE COMPLETED ON:

(a) NAME:	TITLE:	DATE:
(b) NAME:	TITLE:	DATE: